

**DIVISION OF MENTAL HEALTH SERVICES
COMMUNITY MENTAL HEALTH SERVICES REGULATIONS
(N.J.A.C. 10:37)
Expires December 27, 2013**

10:37-5.2 Target populations

- (a) The goal of the mental health system is to provide comprehensive services to everyone in need. However, target populations have been established to assure that those who are most in need, and/or have traditionally been underserved, receive a reasonable level of service. These priorities are not to be construed as totally exclusionary. Wherever the phrase "target populations" is cited in this chapter, the phrase refers to the populations and priority order below. State-funded Program Elements shall serve retarded and other handicapped individuals as they would any other person who falls within the following priority groups.
- (b) State target populations:
 - 1. Target Group I, indicating a person's history and/or serious risk of hospitalization, shall be given first priority in all mental health Program Elements governed by this chapter, except as indicated in Articles II and III of this subchapter, describing Emergency and Screening Program Elements.
 - 2. Subcategories of Target Group I do appear in order of State importance; however, levels of service appropriate locally for each target subcategory shall be arrived at through individual Service Area needs assessments and each County's mental health planning process, with final Division approval.
 - 3. Target Groups I and II are not mutually exclusive. Target Group II describes specific demographic categories of people; when these individuals meet any of the criteria listed in Target Group I, they shall be prioritized above other people meeting Group I criteria. When services are delivered to non-Target Group I clients, these demographic groups shall also be prioritized.
 - 4. Target Group I:
 - i. Adults and children currently in a State/County/local psychiatric hospital who could live in the community with appropriate services;
 - (1) "Local" psychiatric hospital shall mean a local inpatient program which has been determined by the Division as meeting the requirements of Article VII of this subchapter, regarding Inpatient Care (IPU). Such an IPU must be affiliated with the State and County hospitals and must serve the other target populations cited in this N.J.A.C. 10:37-5.2.

ii. Adults and children in the community, with a history of State/County/local psychiatric hospitalization, who are in serious risk of rehospitalization;

(1) "Local" psychiatric hospital is defined in (b)4i(1) above.

iii. Adults and children in the community who are mentally and functionally impaired and in serious risk of psychiatric hospitalization.

(1) "Mentally impaired" in this context shall mean a person whose primary impairment is emotional, excluding those whose primary problem is a developmental disability, retardation, and/or organic brain syndrome. These exclusions shall not apply, however, to Emergency and Screening Service Program Elements, except where indicated in Article IV of this subchapter.

(2) "Functionally impaired" shall mean a person who is identified as having serious functional problems in personal, interpersonal, and/or social skill areas.

(3) "In serious risk" shall describe a person who is currently in crisis and/or is marginally functioning and, without intervention, will likely be hospitalized.

5. Target Group II:

i. Children (17 or younger) who are mentally, emotionally, and functionally impaired;

ii. Elderly (65 or older) who are mentally, emotionally, and functionally impaired;

iii. Minorities (black and/or hispanic or other minority groups identified in the County Plan) who are mentally, emotionally, and functionally impaired;

iv. Rural poor who are mentally, emotionally, and functionally impaired;

v. Urban poor who are mentally, emotionally, and functionally impaired;

(c) Additional target populations:

1. Additional target populations may be formally identified for certain localities through the County Mental Health Board's annual planning and needs assessment processes. The incidence and service needs of these additional target populations shall be documented by the County Mental Health Board and approved by the Division prior to their adoption as a local priority.

2. If a County Mental Health Board documents a significantly reduced need, or an already reasonable service level, for State target populations in a given Service Area, the State may approve an annual waiver regarding that particular State target population(s), and the County may address additional populations.